

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		03-04-01
O.I.P.E. CLASSIFIER			WCG/
FORMALITY REVIEW	I C	1024	9/14/86
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	4/2/83
1	✓ 7
2	✓ ✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
9	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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JL 6/3